

HOUSE BILL 5572

Michigan has a long-standing history of supporting and investing in voluntary home visiting programs, both with state and federal dollars. But what our state has largely lacked is a coordinated and collaborative approach to ensure that home visiting dollars are spent on the most effective programs. HB 5572 will provide accountability in how state and federal home visiting dollars are allocated, and establish processes allowing the easy flow of information from each state department about the various home visiting models operating across Michigan.

Highlights of the bill include:

1. Ensures the departments of Community Health, Human Services and Education invest in voluntary home visiting programs that improve the health, well-being and self-sufficiency of parents and their children. Specifically, the programs must work to reduce pre-term births, enhance social-emotional development, empower families to be self-sufficient, reduce child maltreatment and injury, and/or increase school readiness.
2. Creates a definition of an evidence-based program. Programs deemed 'evidence-based' are based on a clear, consistent program model and grounded in relevant, empirically based knowledge. They are governed by a program manual or design that specifies purpose and outcomes and employ well-trained and competent staff.
3. Creates a definition of a promising program. Promising programs incorporate data or evidence demonstrating effectiveness at achieving positive outcomes for pregnant women, infants, children and their families. Promising programs are or will be evaluated based on program data.
4. Requires the affected departments to create internal processes that provide for greater collaboration and the sharing of relevant home visiting data. Requires that state agencies authorizing funding for home visitation programs include language in the contract or funding agreement that is consistent with the provisions of HB 5572.
5. Allows for the promulgation of rules if necessary to implement the act.
6. Requires the affected departments to provide a collaborative report on state and federally funded home

visiting programs to the house and senate appropriation subcommittees of community health, state school aid, human services, the state budget director and the house and senate fiscal agencies.

HOME VISITING MODELS

Home visiting programs vary in mission and approach. Each is unique and specialized in providing help at different stages of an expectant or new mother's journey, or the early developmental years of a child's life. Here are six examples of promising and evidence-based models in use in Michigan:

- Early Head Start – EHS is a federally funded program that serves low-income families with young children and expectant mothers. EHS programs can be home-based, center-based, or a combination of the two. EHS aims to promote healthy prenatal outcomes, enhance early childhood development, and promote healthy families.
- Healthy Families America – HFA serves families that are at-risk for child abuse and neglect and other adverse childhood experiences. Services are voluntary, intensive, and offered to families for three to five years. HFA helps families find a medical provider, understand and support healthy child development, and connect with community services (like job placement and day care).
- Home Instruction Program for Preschool Youngsters – HIPHY follows a developmentally appropriate curriculum, with role play as the method of teaching, staffed by home visitors from the community, supervised by a professional coordinator and with home visits interspersed with group meetings as the delivery methods. A model HIPHY site serves up to 180 children with one coordinator and 12-18 part-time home visitors.
- Maternal Infant Health Program – MIHP is a state-run program that works to support healthy pregnancies, strong birth outcomes, and healthy babies. The program pairs expectant mothers and mothers with infants with a nurse or social worker to coordinate health services, make referrals to community services, and provide child birth and parenting classes. All mothers with Medicaid insurance are eligible. MIHP is by far the largest home visiting program in Michigan. It is currently being evaluated for effectiveness.



- Nurse Family Partnership – NFP pairs registered nurses with low-income, first-time mothers to support maternal and child health. Nurses also work with mothers to help instill the confidence and self-sufficiency needed to have a better life. Programs begin during pregnancy and continue until the child is two years old.
- Parents as Teachers – PAT helps high-need parents support healthy development and school readiness in their children from prenatal to kindergarten. The program works with parents to teach them about child development, parenting, and early detection of health and development concerns.

BY THE NUMBERS

There are 350,000 Michigan children aged 0-5 who live in low-income families. Only a small fraction of them, about 31,000 Michigan families per year, are able to benefit from home visiting.

Currently Michigan spends roughly \$21 million on home visiting programs, the vast majority of which is match for Medicaid eligible programs. In 2010 and 2011, Michigan was awarded \$10.5 million in federal grant funding to expand home visiting programs.

Michigan needs the strong accountability system proposed by HB 5572 to help policy makers maximize the return on these investments and to ensure that home visiting providers deliver the results our children, families and taxpayers deserve.

FOR MORE INFORMATION, CONTACT:

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Home visiting works.

One high-quality, nationally recognized home visiting program cut the rate of child abuse and neglect among participating mothers nearly in half.

Source: "Long-term Effects of Home Visitation on Maternal Life Course and Child Abuse and Neglect: 15-Year Follow-up of a Randomized Trial." *Journal of the American Medical Association*. 1997; 278 (8): 637-643.

Child Abuse and Neglect Rates

48%

Pregnant woman enrolled in the Healthy Family New York program were almost 50 percent less likely to have a low birth weight baby than the control group.

Source: Lee E, Michell-Herzfeld SD, Lowenfels AA, Greene R, Dorabawila V, DuMont KA. Reducing low birth weight through home visitation: a randomized controlled trial. *Am J Prev Med*. 2009;36(2):154-160.

Low birth weight babies

50%

US Department of Health and Human Services. (N.D.). "Home Visitor's Handbook: For the Head Start Home-Based Program Option." <http://www.ehsnrc.org/PDFfiles/EHS-Home-VisitorHdbk.pdf>.

Healthy Families America. (2012). "About Us." http://www.healthyfamiliesamerica.org/about_us/index.shtml.

Home Instruction Program for Preschool Youngsters (HIPPY) . (2012). "About Us." <http://www.hippyusa.org/about_us.php>.

Nurse Family Partnership (2011). "About." <http://www.nursefamilypartnership.org/about>.

Michigan Department of Community Health. (2011). "Maternal Infant Health Program." http://www.michigan.gov/mdch/0,4612,7-132-2943_4672-106183--,00.html.

Parents as Teachers. (2010). "Federal Home Visiting Program." <http://www.parentsaSTEACHERS.org/resources/federal-home-visiting-program>.

National Center for Children in Poverty. (2009). "Young Children in Michigan, by Income Level." http://www.nccp.org/profiles/MI_profile_8.html.

Note, Exact number of children 0-5 in low-income families is 357,531, as of 2009.

Michigan Department of Community Health. (2010). "Michigan Maternal, Infant, and Early Childhood Home Visiting Program: Statewide Needs Assessment." <http://greatstartforkids.org>.

See also, Zero to Three – National Center for infants, Toddlers, and Families. (2011). "Baby Facts – Michigan." <http://www.zerotothree.org/public-policy/state-community-policy/baby-facts/michigan-baby-facts.pdf>.

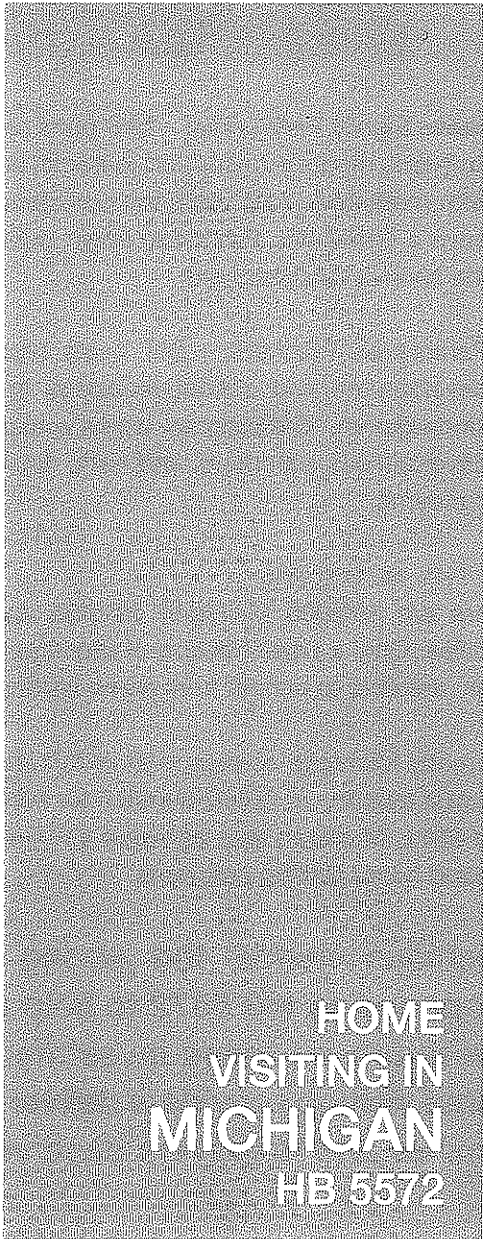
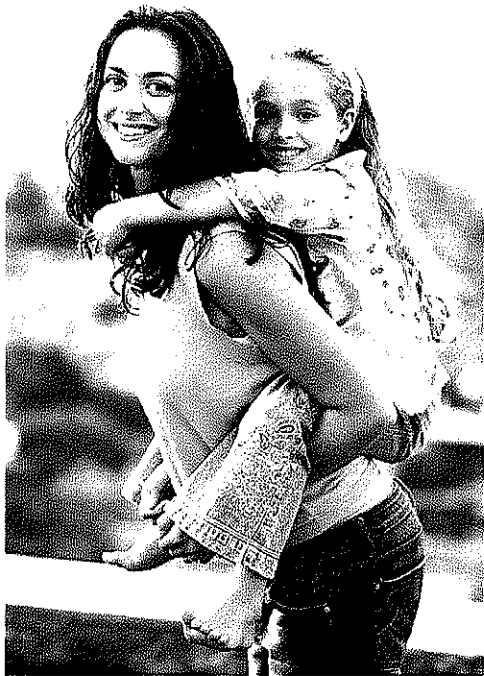
The Pew Center on the States. (2010). "State Home Visiting Programs – Michigan." http://www.pewcenteronthestates.org/initiatives_detail.aspx?initiativeID=60627.

Michigan Department of Community Health. (2011, Sept. 30). "Michigan Receives \$10.5 Million in Federal Funding for Home Visiting Program." <http://www.michigan.gov/mdch/0,4612,7-132-263270--,00.html>.

Michigan Legislature. (2011). House Bill 4526 - Section 1849. <http://www.legislature.mi.gov/>.

Karoly, L. A., M. R. Kilburn, J. S. Cannon, J. H. Bigelow, and R. Christina. (2005). "Many Happy Returns: Early Childhood Programs Entail Costs, but the Payback Could be Substantial." RAND Corporation. <http://www.rand.org/publications/randreview/issues/fall2005/returns.html>.

Return estimate based on high risk populations served by the Nurse-Family Partnership. RAND estimates that serving lower risk populations returns \$1.26 for each dollar invested. They explain a lower return on investment is expected when a program is offered more universally.



Supporting proven programs that strengthen families

Early childhood is a time of tremendous growth and opportunity. But some of our nation’s costliest social problems – child abuse and neglect, school failure, poverty, unemployment and crime – start early in a child’s life. Many states, including Michigan, are turning to proven strategies such as high-quality home visiting in an effort to prevent them.

House Bill 5572 will strengthen Michigan’s home visiting programs so that funding is directed to effective programs that rigorously document their success in improving outcomes for children and families and that generate returns on taxpayers’ investment.

Home visiting is a voluntary service delivery program that connects trained professionals with vulnerable and at-risk mothers or families most in need of education, resources, coaching and encouragement.

Research shows that everyone benefits from home visiting: Mothers are more likely to deliver healthy babies. Mothers and fathers learn important parenting skills during the critical period after birth. Children grow up healthier and better prepared to learn and become successful adults. Taxpayers benefit as well because fewer scarce state dollars are needed to remedy problems later in life.